

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**RECIPROCITY REQUEST FORM**  
**Pest Control License**

The following individual is requesting to qualify for a pest control license in the state of Illinois based upon reciprocal certification through another state. Individuals may qualify for licensure in the state of Illinois through reciprocity if they are currently licensed to conduct the same type of pesticide application in another state provided that the licensure is from their current state of residence and licensure was based on the successful completion of a closed book examination within the previous three years. Upon receipt of a completed request form, the department will request current licensing information from the applicant's state of residency and then forward a license application form to the applicant.

The applicant is a resident of the state of: \_\_\_\_\_  
(state)

Applicator/Operator name, home address, and telephone number:

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Applicator/Operator business address and telephone number:

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Applicator/Operator social security number:

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Comments or other instructions:

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License Classification Type Requested:

(check all that apply)

- ☐ Commercial
- ☐ Commercial Not-For-Hire
- ☐ Public
- ☐ Dealer
- ☐ Private

Current Applicator/Operator License Type:

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Applicator/Operator Current Certification/License number:

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Current License Expiration Date:

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Return the completed form(s) to:

(U.S. Mail, fax, or e-mail are all acceptable)

Illinois Department of Agriculture -- Bureau of Environmental Programs  
P.O. Box 19281  
Springfield, IL 62794-9281  
(217) 785-2427 (voice & TDD)  
or  
(217) 524-4882 (FAX)  
or  
[AGR.Pesticide@illinois.gov](mailto:AGR.Pesticide@illinois.gov)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

**For Office Use Only:**

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